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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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SECRETARY OF STATE

JUN - 4 2014

T. BROWN

## **COVER LETTER**

Division of Corporations
SUBJECT: L.R. G. Plumbing LLC  Name of Limited Liability Company
Name of Eminted Liabinty Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lionel R. Gonzalez. Name of Person
LRG. Plumbing LLC
Firm/Company
3116 W. Bunke ST
Address
Tampe, FC 33614  City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Lionel R. Gonzelez at (813) 454-2549  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Dayume refeptione Number
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

TO:

**Registration Section** 

Mailing Address
Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
L.R. G. Plumbing	L.L.C.
(Must end with the words "Limited L	diability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3116 W B W Ke ST TAMPE, FL 33614	Shme
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.  The name and the Florida street address of the registered a Name  Florida street address (P.O. Box M.)	egistered Agent. You must designate an individual or ) gent are:
TAMPA	FL 33607
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	Zip sice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
(CONTINUE.	D)

CONTINUE

Page 1 of 2

See attachment if necessary)  V: Effective date, if other than the date of filing:  Signature of a member or an authorized rupresentative of a member.  (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)  Lione R. 60,20 (e2.  Typed or printed name of signee	<u>'itle:</u>	Name and Address:
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